



Department
of Health

From Steve Brine MP
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Dear Dr Wollaston,

Thank you for your letter to the Secretary of State dated 22 February 2017 seeking further information in response to the Health Committee's report on Primary Care (HC408). I am replying as the Minister responsible for Primary Care.

I regret that in some areas you found the Government's response (Cm 9331) insufficient or incomplete. I have considered each of the points that you raised in your letter and would like to respond to them in turn below:

1. The Committee's suggestion that there is a population of 'disenfranchised' patients that are not seeking to access primary care through general practice (para 29).

We have recognised that not all patients are able to access GP services within the existing care model and have taken steps to roll out GP services into evenings and weekends. We would be grateful if the committee could share with us any additional evidence it holds on 'disenfranchised' patients.

The mandate to NHS England sets out the need to address the needs of those who experience barriers in access to general practice services. This will support the delivery of improving local and national health outcomes and in particular, address poor outcomes and inequalities by 2020.

The NHS Planning Guidance, published in September 2016, requires CCGs to demonstrate that they meet 7 core requirements in commissioning enhanced and improved access for their population. One requirement specifically directs CCGs to demonstrate that they are addressing inequalities in patients' experience of access to



general practice identified by local evidence, which would include those patients who are ‘disenfranchised’.

Making patients that are currently “disenfranchised” by the existing model of care aware of enhanced and improved access at evenings and weekends is an important part of the success of the extended access program. The evaluation of the wave 1 General Practice Access Fund recognised patient awareness as a critical success factor (see: <https://www.england.nhs.uk/gp/gpfv/redesign/improving-access/gp-access-fund/wave-one/evaluation/>). The wave 2 evaluation report, which will be published in Autumn 2017, will also cover experience of appointments at weekends.

The resource (entitled “*Improving access for all: reducing inequalities in access to general practice services*”, published July 2017, see link below) is designed for providers and commissioners to:

- Guide assessment of local inequalities in access to general practice and support completion of local equality analyses.
- Review a journey through a patient pathway to demonstrate how barriers arise at different points.
- Access case studies and examples of good practice for a range of patient groups including those with protected characteristics and those in health inclusion groups which include the “disenfranchised”.
- Provide top tips and useful reference sources. These include ease of access to a range of links to data, video and online learning materials and links to websites for specific information and guidance on protected characteristics and inclusion health groups.

<https://www.england.nhs.uk/wp-content/uploads/2017/09/inequalities-resource-september-2017.pdf>

NHS England has promoted use of the resource through communications and webinars.



2. The Committee's recommendation that patient awareness of extended hours programmes should form part of the evaluation of weekend services (para 29).

Patients' awareness of enhanced and improved access will be an important part of the success of the programme. The evaluation of the wave one General Practice Access Fund recognised patient awareness as a critical success factor.

The wave two evaluation report, which will be published in Autumn 2017, will also cover experience of appointments at weekends.

The NHS Planning Guidance, published in September 2016, requires CCGs to demonstrate that they meet 7 core requirements in commissioning enhanced and improved access for their population. One requirement specifically directs CCGs to demonstrate that they are advertising services and ensuring ease of access. This includes a requirement that there is notification on practice websites, notices in local urgent care services and publicity, so that it is clear to patients about how they can access appointments and associated services.

To help, NHS England has since published a Communication Guide and Resource Pack (September 2017) designed to support commissioners and providers to meet the core requirement to ensure services are advertised to patients, including featuring information on practice websites and provides practical tools to support this.

<https://www.england.nhs.uk/gp/gpfpv/redesign/improving-access/communications-guide/>

3. Establishing a timetable for the deployment of electronic information sharing across practices (para 33).

NHS Digital is developing core technology to support a national interoperability service through GP Connect, which will enable enhanced two-way access to records across practices (operating within appropriate controls). This service will be free to use and open to all suppliers and will support integrated services across new primary



care models including services within GP practices, by federation and other collaborative systems.

Some GP practices are already able to offer a basic level of interoperability through commercial systems such as the Healthcare Gateway's Medical Interoperability Gateway (MIG). The MIG enables subscribers to view a snap shot of primary care records in each of the clinical systems used in General Practice. In the North East this has been implemented on a large scale with around 2,700 practices, or 96% of practices signed up to share information using the MIG solution to enable the Great North Care Record.

First of Type testing phase 2017

The initial 'First of Type' for GP Connect was delivered in April 2017 using the Leeds Care Record (delivered by Leeds Teaching Hospitals Trust). The Leeds Care Record also currently uses the MIG and aims to replace it using the national service. Federated GP Practices in Kernow (Cornwall) CCG are also under the 'First of Type' banner and should commence shortly before Christmas using the same access to records technology.

Delivery Schedule 2018 – 2019

Viewing Patient Records, Managing Appointments and Tasks

Based on success with test sites, a further group of early adopters are planned as the next wave for implementation over the coming months, for viewing patient records, booking appointments and sending tasks across practices. It is expected that this functionality will be available to all practice groups in the first half of 2018, although this is dependent on the ability of systems used by federations to make use of the core functionality provided by NHS Digital.

The expectation is that a fully scalable national solution for viewing patient records, booking appointments and sending tasks across practices will follow later in 2018.

Structured Records

The next phase of the programme will deliver key parts of the primary care record (such as; immunisations, allergies, conditions and medications) through structured



messaging. These enhancements will allow the record to flow fully between systems in an open and standardised way. This capability is currently in development and, subject to delivery by systems providers, will be available for piloting later in 2018.

Next Steps

Additional components being considered for development, subject to funding and prioritisation across the Paperless 2020 portfolio, include:

- Supporting online services to patients
- Supporting use by Urgent and Emergency Care Settings
- Updating the clinical record
- Access to documents held within the GP system

4. Establishing a timetable for the development of multi-disciplinary teams in primary care (para 105).

The General Practice Forward View committed to 5,000 more doctors and 5,000 additional other staff working in general practice including nurses, pharmacists and mental health therapists. This is part of a continuing drive towards bigger teams of primary care staff with a range of expertise that can offer a wider range of care for patients, freeing up time for GPs to focus on patients with more complex needs. Patients will increasingly be able to see a range of different health professionals in general practice depending on their specific needs. This will not always be a GP, for example, clinical pharmacists are experts in managing chronically ill patients and their medication needs, while the increasing number of mental health therapists will enable better management of patient mental and physical needs.

As at March 2017, the wider workforce had grown by 2,750 full time equivalents (FTE) since September 2015, putting us over half way to achieving this target by 2020. The majority of this increase (2,250 FTE) has been in staff with direct patient care responsibilities, including:



- **Clinical pharmacists** The GPFV commits to an additional 1,500 pharmacists in general practice by 2020 to help with GP workload, access and improving patient care. Work has already started to implement this programme and as at the end of August 2017 applications have been approved for more than 520 clinical pharmacists across 1,791 GP sites that will benefit an additional 18.5 million patients. This builds on the 494 clinical pharmacists already working across approximately 650 GP practices as part of a pilot scheme.
- **Mental health therapists** There are 20 mental health pilots and 400 new Improving Access to Psychological Therapies (IAPT) therapists in primary care. This is part of our drive to have 800 mental health therapists working in primary care by March 2018, rising to over 1,500 by March 2019, and 3,000 by 2020. These therapists will lead the way in how we integrate physical and mental healthcare outside of hospital.
- **Physician associates** HEE is supporting universities to train 3,000 physician associates by 2020 and will work with NHS England to incentivise up to 1,000 of these staff to work in general practice. 32 courses at higher education institutes have opened/intend to open physician associate training courses within the next 12 months.

More widely, multi-disciplinary teams (MDTs) are a key element of many of the multispecialty community provider (MCP), primary and acute care systems (PACS) and enhanced health in care homes (EHCH) vanguards, as described in each of the published care model frameworks. They are also a key element of the National Association of Primary Care's Primary Care Home model, which is developing health and care integration at the 30-50k population level. Supported by the New Care Models (NCM) programme, Primary Care Homes are being developed in over 90 sites across England, which will serve around 4 million people. Over the next two years we expect the Primary Care Home and other similar models, including as part of the PACS and MCPs, to spread to cover the majority of England. The shape and use of MDTs, and other elements of the model, will be decided by local leaders to suit local conditions.



5. The Committee's recommendation that the induction and refresher scheme for doctors returning to work in the UK should be subject to annual review (para 131).

NHS England agrees with the Committee's recommendation that the Induction and Refresher scheme for doctors returning to work in the UK should be subject to annual review.

NHS England and Health Education England have agreed that there will be a review of progress during 2017/18 following the range of improvements to the scheme that have been implemented since the General Practice Forward View was published. This will be followed by annual reviews each March.

There will also be on-going monitoring of the scheme, including mechanisms for doctors on the scheme to provide feedback or raise issues.

6. The Committee's recommendation that more information should be recorded in relation to doctors that choose to work abroad or leave the profession (para 137).

There is currently no mechanism for collecting this information, but NHS England will work with local Responsible Officers (GPs who carry out annual appraisals) in 2017/18 to develop a set of proposals around "keep in touch" measures for doctors due to exit the Medical Performers List, and particularly those moving abroad. This could include exit questionnaires and guidance for those leaving the profession or moving abroad on the steps they need to take to remain on Medical Performers List. Such steps may include collecting evidence of experience as a portfolio to speed up a return to the Performers List at a later date.

7. The Committee's recommendation that a report should be presented to Parliament outlining the achievements of NHS England's Vanguard (para 202).

A formal evaluation report, drawing on national datasets and local evaluations of the NHS England vanguards up to the end of March 2018, will be published. This is proposed to be completed and circulated to stakeholders with a view to publication in



summer 2018. I will be depositing a copy of the report in the House of Commons library.

Since the government's response was provided to the committee the integrated primary and acute care system (PACS) and enhanced health in care homes (EHCH) care model frameworks have been published. These outline the early learning from the vanguards in the form of a full care model that other parts of England can adopt or adapt. The frameworks are available to the Committee at the following address:

<https://www.england.nhs.uk/2016/09/care-home-residents/>

The New Care Models (NCM) programme continues to share evidence of the success of the vanguards and other new care models. Increasing evidence is emerging of the impacts of the vanguards. Later this year, the programme will be able to share findings from its national evaluation metrics, along with more detailed analysis, which will be available for the committee to consider.

A number of sites (many in vanguard areas) are progressing well with new contracting approaches. In August, a draft Accountable Care Organisation (ACO) Contract was published. The Contract has been produced following intensive joint work with a number of vanguard sites with whom we are co-developing the approach and takes into account feedback from a public engagement exercise. It is a variant of the National Standard Contract, creating for the first time a single, integrated contract that can be used to commission primary care, other NHS and local authority services.

We will be working with commissioners in the most advanced areas to test and improve the contract and supporting documents further and plan to release an updated version of the Contract for formal consultation in 2018.

The Contract and accompanying series of supporting documents can be found on the New Business Models webpage: <https://www.england.nhs.uk/new-business-models/publications/>. The supporting documentation describes, for example:



- Funding strategy and detailed guidance on the construction and operation of the population based payment to an ACO
- Procurement guidance
- Options for GP participation

8. The Committee's recommendations regarding the repayments of student loans and obligated service to the NHS (paras 154, 155).

The Government is already taking steps to assess views on and options for introducing a minimum term of NHS service in return for taxpayer investment in education and training. The public consultation on plans to fund an additional 1,500 medical school places in England explored the principle of return of service for taxpayer investment in undergraduate medical education, for example by asking doctors to serve the NHS for a number of years after they graduate. The Government response to the consultation published on 9 August 2017 confirmed that Health Education England will be asked to consider this in the context of wider reforms to medical education, and report back by spring 2018.

9. The Committee's recommendation that GP federations should appoint lead nurses to develop staff and career progression (para 176).

NHS England has no formal role in GP federations, and cannot mandate particular roles. However, in line with the GPFV commitment to produce a general practice nurse development strategy, NHS England published the ten point action plan for General Practice Nursing in July 2017 (see: <https://www.england.nhs.uk/2017/07/10-point-plan-sets-out-actions-to-deliver-general-practice-nursing-workforce-for-the-future/>). Building on the General Practice Nursing Workforce Development Plan published by Health Education England in March 2017, it describes the changes required to improve recruitment and retention, and encourage the return of nurses to general practice. Measures include all nurses new to general practice having access to an induction programme, training and mentoring and an expansion in leadership and career opportunities. Implementation will be supported at a local level by one of four Regional Delivery Boards.



10. The Committee's fundamental concern that the development of weekend GP services will duplicate or undermine existing urgent primary care services such as out-of-hours (para 38 and preceding section).

NHS England's ambition is to link extended access with the vision for developing general practice at scale as part of a wider set of integrated services through a supporting programme of transformational change before 2020.

Although NHS England is the responsible commissioner for primary care services, the approach to roll out improved access services nationally is for local planning and procurement to be led by CCGs. CCGs have responsibility for strategic coherence of services in local areas, and can as such help co-ordinate services to ensure there is no duplication and that existing services are not undermined. As well as making it easier to tailor services to meet local demand and address inequalities, this improves value for taxpayers by reducing the risk of unnecessary duplication of services in the out of hours period. This is because CCGs are responsible for planning the deployment of services, including new integrated urgent care systems, and have a responsibility to ensure providers work together effectively.

The NHS Operational Contracting and Planning Guidance 2017-19, requires CCGs to demonstrate that they meet 7 core requirements in commissioning enhanced and improved access for their population. One requirement specifically directs CCGs to demonstrate "effective connection to other system services enabling patients to receive the right care from the right professional, including access from and to other primary care and general practice services such as urgent care services."

NHS England recently published principles and standards for new Urgent Treatment Centres (UTCs) which are designed to provide access to urgent care for a local population (see: <https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres%E2%80%93principles-standards.pdf>). By December 2019, patients and the public will be able to access GP led UTCs, open for at least 12 hours a day and staffed by GPs, nurses and other clinicians.



It is increasingly likely that the public will be able to access same-day appointments and out-of-hours general practice for both urgent and routine appointments at the same facility, where geographically and clinically appropriate. This will result in further alignment and reduced duplication between services.

A UTC could be utilised as an integral part of the local service delivery model and therefore could contribute towards the GP. Ensuring there is good communications to enable patients and staff to navigate through the system to ensure patients get the most appropriate service to meet their needs will continue to be of great importance.

11. The Committee's specific concerns about the professional regulation of Physician Associates (para 185).

I understand the concerns you have raised about whether Physician Associates should be professionally regulated in the UK and that is why we have launched a consultation seeking views on our proposal to introduce statutory regulation for PAs. The consultation also consults more broadly on the appropriate level of assurance for three other medical associate profession (MAP) roles – Physicians' Assistants (Anaesthesia) (PA(A)), Surgical Care Practitioners (SCP) and Advanced Critical Care Practitioners (ACCP). The consultation was launched on 12 October 2017 and will close on 22 December 2017 (see: <https://www.gov.uk/government/consultations/regulating-medical-associate-professions-in-the-uk>).

12. The Committee's concerns about the pay, terms and conditions and professional development of nurses in general practice (para 166).

GPs, as independent contractors to the NHS, have the freedom to employ staff on their own local terms and conditions and to develop their own training and development programmes. The contract between practices and NHS England requires GP employers to ensure that arrangements are in place for maintaining and updating the skills and knowledge needed by all healthcare professionals, employed by the practice, in order to provide services to patients. The contract also requires practices to allow



each employee reasonable opportunities to undertake appropriate training in order to maintain that employee's competence.

GPs will want to ensure that the local employment offer they develop best ensures they are able to attract and retain the staff they need to provide the care and advice patients expect.

Professor Jane Cummings, Chief Nursing Officer for England launched 'General Practice – Developing confidence, capability and capacity: A ten point plan for General Practice Nursing' in July 2017.

This plan is part of and supports delivery of the General Practice Forward View launched in April 2016. The plan addresses specific concerns raised by the committee. A survey of General Practice Nursing by the Queens Nursing Institute (QNI) titled *General Practice Nursing in the 21st Century (2016)* (<https://www.qni.org.uk/resources/general-practice-nursing-21st-century/>) and corroborated by Ipsos MORI Research undertaken by NHS England, revealed that a third of general practice nurses expressed an intention to retire by 2020.

To address this, NHS England will take a lead role to implement a range of actions to improve the image of general practice nursing in order to attract and retain more nursing staff to work within primary care. Key elements of the plan include work on producing a clear general practice nursing career framework with competence based job profiles and on supporting the general practice nursing educator role so as to promote best practice in mentorship training for general practice nurses.

Thank you again for writing regarding these important matters.

Yours sincerely,



STEVE BRINE